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APPLICANTS

Garry Marty, Fishers, IN;
Gerald McNerney, Carmel, IN;
Russell D. Hester, Odenton, MD;
Keith Berning, Jessup, MD;

SO *NO*
** CONTINUING DATA *****

SO *NO*
** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 14	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>SO</i>	Examiner's Signature	Initials		

ADDRESS

Timothy E. Niednagel
Baker & Daniels LLP
Suite 2700
300 North Meridian Street
Indianapolis, IN46204

TITLE

Swivel mount for a spray head

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
	No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)